Food Establishment Inspection Report

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							9
Local Health Department Name and Address	No. of Risk Factor/Intervention Violations		0	Date	04/04/2022		
Logan County Department of Public Health						Time In	10:10 AM
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (2	217) 735-2	2317			_ 1	Tillie III	10.10 AIVI
Establishment	Permit #	No. of Repeat Risk Factor/Intervention Violations (Time Out	10:35 AM	
Community Action Head Start Logan 2 242			Permit Holder Risk Category			1	
Street Address			CAPCIL		lass I		
200 Centennial Courts			Purpose of Inspection				
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

N=in compliance

OUT=not in compliance

N/O=not observed

N/A=not applicable

Mark "X" in appropriate box for COS and/or R

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

		man / mappingmate best for each analysis is					
COS=corrected on-site during inspection R=repeat violation							
Co	Compliance Status						
Supervision							
1	In	Person in charge present, demonstrates knowledge, and performs duties					
2	In	Certified Food Protection Manager (CFPM)					
		Employee Health					
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	In	Proper use of restriction and exclusion					
5	In	Procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices							
6	In	Proper eating, tasting, drinking, or tobacco use					
7	In	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands							
8	In	Hands clean and properly washed					
9	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	In	Adequate handwashing sinks properly supplied and accessible					
		Approved Source					
11	In	Food obtained from approved source					
12	N/O	Food received at proper temperature					
13	In	Food in good condition, safe, and unadulterated					
14	N/A	Required records available: shellstock tags, parasite destruction					
GOOD RETAIL							

Со	mpliance Status		cos	R				
Protection from Contamination								
15	ln .	Food separated and protected						
16	In	Food-contact surfaces; cleaned and sanitized						
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food						
	Time/Temperature Control for Safety							
18	N/O	Proper cooking time and temperatures						
19	N/O	Proper reheating procedures for hot holding						
20	N/O	Proper cooling time and temperature						
21	N/O	Proper hot holding temperatures						
22	In	Proper cold holding temperatures						
23	In	Proper date marking and disposition						
24	N/A	Time as a Public Health Control; procedures & records						
		Consumer Advisory		į				
25	N/A	Consumer advisory provided for raw/undercooked food						
		Highly Susceptible Populations						
26	N/A	Pasteurized foods used; prohibited foods not offered						
Food/Color Additives and Toxic Substances								
27	N/A	Food additives: approved and properly used						
28	In	Toxic substances properly identified, stored, and used						
Conformance with Approved Procedures								
29	N/A	Compliance with variance/specialized process/HACCP						

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

			_	_
		cos	R	
	Safe Food and Water	00 N		
30	Pasteurized eggs used where required			4
31	Water and ice from approved source		·—.	4
32	Variance obtained for specialized processing methods		, ,	4
	Food Temperature Control			4
33	Proper cooling methods used; adequate equipment for temperature control		r-s	
34	Plant food properly cooked for hot holding			4
35	Approved thawing methods used			4
36	Thermometers provided & accurate			
	Food Identification			4
37	Food properly labeled; original container			5
- 55	Prevention of Food Contamination			5
38	Insects, rodents, and animals not present			5
39	Contamination prevented during food preparation, storage and display			P
40	Personal cleanliness			5
41	Wiping cloths: properly used and stored			5
_	1	_	$\overline{}$. 12

		cos	R
	Proper Use of Utensils		
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		
46	Gloves used properly		
	Utensils, Equipment and Vending		
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
	Physical Facilities		
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
56	Adequate ventilation and lighting; designated areas used		
	Employee Training		
57	All food employees have food handler training		
58	Allergen training as required		

Washing fruits and vegetables

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Establishm	nent: Community Action	Haad Start I	Logan 2	Establishme	nt #· 242	rage 2 01 3
water Sup	oply: 🛛 Public 🗌 Priv	ate wa	sste Water System: 🛛 Public	☐ Private		
Sanitizer T	ype: Chlorine		PPM: 100		Heat:	
			TEMPERATURE OBSE	RVATIONS		
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
	All Temps in ∘F					
All C	old Holding Units ≤	41				
Butter o	n top shelf in the fridge					
	in Kitchen	38				
Sliced pe	eaches on middle shelf					
	fridge in kitchen	40				
	oottom shelf in fridge in					
	kitchen	38				
			OBSERVATIONS AND CORR	RECTIVE ACTIONS	S	1
Item Number		Violati	ions cited in this report must be c	orrected within the	time frames below.	
Number						
			No Violations noted o	during the inspecti	on	
				3 4 4		
CFPM Ver	rification (name, expiration	on date, ID#	*):			
S	Shannon Skelton					
	16499457 Exp 5/22/2023					
		es for resno	nding to a diarrheal and vomit	ting event		
	.p.c. biodassed procedure		to a diarrilear and voline			
	Show Sho		Apr 4, 2022			
	arge (Signature)		Date			
(Enter		e-II	/ac	na)	
			Follow-up: Y	es 🛛 No (Check o	ne) Follow-up Date: N/A	